

MAY 7 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14691

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

City St. Louis

City Registration District No. 1003

City Hospital No. 2

File No.....

4187

Registered No.....

St. Ward

2. FULL NAME Samuel Montgomery

(a) Residence, No. 1202 Bayard St., 12 Ward.

(Usual place of abode) Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ophelia Montgomery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
36 56 5 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. apartment

10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

13. NAME Calvin Montgomery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

15. MAIDEN NAME Kate Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT (ADDRESS) Ruby Perdeau 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Apr. 23 1937

19. UNDERTAKER (ADDRESS) Jacob Starin 7906 Bayard

20. FILED 19..... J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 20 1937

I HEREBY CERTIFY, That I attended deceased from Feb. 25 1937, to Apr. 20 1937

I last saw him alive on April 20 1937 Death is said to have occurred on the date stated above, at 12:15 P. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Penis

Date of onset 12-25-37

Other contributory causes of importance:

Name of operation..... Date of..... No

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) J. B. Starin, M. D.

(Address) 2945 Lawton

APR 22 1937

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

885

2 2 2

